

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740130

1. Entity Name

CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIAT

Principal Place of Business

8130 A1A SO.
ST. AUGUSTINE FL 32086

Mailing Address

8130 A1A SO.
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1920296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUER, SALLY A.
8130 A1A SOUTH #J-1
ST.AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Sally A. Bauer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete
NAME BATEH, SHIHADAH
STREET ADDRESS 1501 OAK HAVEN RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RUSSELL, MERILL
STREET ADDRESS 8130 AIA G8
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SMITH, TIM
STREET ADDRESS 614 RIVER ST
CITY-ST-ZIP PALATKA FL 32077

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GORMLEY, NANCY
STREET ADDRESS 13 CORDOBA CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DECAMP, JOAN
STREET ADDRESS 8130 ALAS J11
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME *Walter Frick*
STREET ADDRESS *8130 AIA S. #B18*
CITY-ST-ZIP *ST. AUGUSTINE, FL 32080*

TITLE D ☐ Delete
NAME LENTZ, BOB
STREET ADDRESS 491 KEVIN DR
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Frick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90025 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)